

**ARIZONA DEPARTMENT OF PUBLIC SAFETY
CONCEALED WEAPON PERMIT UNIT**



**FIREARMS QUALIFICATION AFFIDAVIT
FOR INSTRUCTORS**

I, _____, affirm that on this date, as an authorized
(Last name, first name please print)

Firearms-Safety Training Instructor, I successfully completed the DPS firearms qualification

Course for the concealed weapons training.

Signature

Instructor Number

Name of Attesting Instructor

Instructor Number

Signature of Attesting Instructor

Date